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ISSUES IN THIS ISSUE

Roger W Schauer, M.D.

Crowning daffodils and blades of green grass greeted me when I returned home after our NDAFP meeting in early April. The promise of spring was therebriefly....., only to be delayed by another snow dump. But as we go to press with this Spring issue it appears that promise is being fulfilled. Just as blooming daffodils and greening of grass remind us of new growth, so does the report of **Match results for the Class of 2008**. If you haven't already been informed, you can now learn where your student(s) elected to pursue further training. Sixteen of our soon-to-graduate students selected Family Medicine residencies. **Thank you all for the teaching, role modeling and the encouragement you provide our students as you care for your patients and their families.**

Congratulations to the NDAFP 2008 award winners. Dr. Chuck Breen was named Family Physician of the Year for 2008 at our recent meeting in Fargo. Dr. Tomaz Jarzembowski, a third year resident at the Grand Forks Center for Family Medicine, was recognized as the 2008 William M. Buckingham, M.D. Outstanding Resident. Read more about these two outstanding physicians in this issue. Included find messages from our new **Chairman of the Board** Dr. Guy Tangedahl, and the **incoming President**, Dr. Steven Glunberg. Also note the article by Dr. Kim Krohn regarding the establishment and progress of the **new NDAFP Foundation Endowment Fund**. Learn how every dollar you donate to NDAFP Foundation Endowment Fund will triple in value immediately. That is a good investment (I think even our long-suffering treasurer, Dr. Dave Field, will agree to that)! Learn about activities of your North Dakota Academy of Family Physicians in the Commission and Annual Meeting minutes.

In our continuing effort to **update you on information technology** we reprinted "Information Technology and Teaching in the Office", found in the recent issue of *The Teaching Physician*. The article discusses the uses of PDAs, which all your students carry and quickly utilize when appropriate. In the near future you will hear more about a dermatology diagnosis website we hope your students will utilize in their training. That program, called VisualDx, is part of a larger package developed by Logical Images. It contains more than 17,000 images that can help diagnose more than 920 visually identifiable diseases, drug reactions, or infections. Learn more about the company and the other on-line resources it provides at <http://www.logicalimages.com/>. We are introducing current MS2 students to the extensive options available via VisualDx, and hope that your FM student(s) this coming year will teach you how to access this resource. I understand that the Wyoming, South Dakota, and South Carolina Departments of Health now have contracts to provide Logical Images resources to physicians and/or hospitals in those states. Currently Dr. Beattie has provided Department of Family & Community Medicine funds to make this information available to all our 3rd and 4th year students and their preceptors for the next three years.

Continued in 2nd column, page 2

A View from UNDSMHS Dept. of Family and Community Medicine

Rob Beattie, M.D.

I have used this spot in the past to publicize the fact that citizens of North Dakota enjoy health care that is of high quality and low cost. Perhaps some of you have read the Grand Forks Herald editorial written by Tom Dennis, published Tuesday, April 15, 2008. Mr. Dennis makes the bold statement that “Medicare Beneficiaries in North Dakota enjoy some of the highest quality health care in the U.S. at the lowest price. That’s true even though North Dakota is a rural state with chronic shortages of physicians.” “In fact” he states, “it’s probably true because North Dakota is a rural state with chronic shortages of physicians.” Mr. Dennis goes on to discuss the findings of the “new and comprehensive study...” of the Dartmouth Atlas of Health Care. Actually this isn’t new.

The Atlas has been published since 1996 and updated regularly. The Atlas’s primary author, Dr. John (Jack) E. Wennberg, MD, founder of the Dartmouth Institute for Health Policy and Clinical Practice, has been engaged in this research for more than thirty years. He has asked the questions: “Is more medical care always better?” “Why do patients in some regions do better although they receive fewer medical interventions?” “Can there be such a thing as too much diagnosis?” “Is the money we are spending on health care - now \$2 trillion per year - being used effectively?” “What causes these geographical variations in rates of care?”

I applaud Mr. Dennis for bringing this subject to the attention of the readers of the Herald. However, I disagree with his logic, concluding we have higher quality because we have a shortage of doctors. The Atlas does not support this conclusion- it simply reports the geographic variations and provides the data to ask some of the questions above. Dr. Wennberg has proposed the concentration of physicians in a particular geographic area leads to the economic anomalies associated with physician practices. He has also reported that “more care” doesn’t equal “better care.”

Other evidence available suggest, compared to other countries, that our specialty focused system lends itself to this dichotomy. Countries that promote primary and preventative care over specialty care have better health outcomes at less cost. People live longer and healthier lives.

We do not have better quality because we have physician shortages. We have high quality in spite of these

shortages. The shortage areas tend to occur in the rural, less populated areas of our state and account for relatively small additions to the Medicare numbers cited in the Atlas. The majority of care delivered in North Dakota occurs in non-shortage areas. More appropriately, one may ask, will we be able to continue providing this high level of care if these shortages continue, or perhaps worsen?

One of the responsibilities of the Department of Family and Community Medicine is to focus on the workforce needs of the state and to address these shortages of primary care providers. This coming legislative session will prove itself important to the Bismarck and Minot Centers for Family Medicine. We will be asking for assistance maintaining the Minot infrastructure and securing a new structure in Bismarck. Without this assistance the programs viability may be threatened and their missions to train physicians for North Dakota could be threatened.

I would ask all of you to contact your local legislators if you know them, if you don’t, get to know your them. They want and need your expertise on all healthcare issues including these. **You** are our best hope for the future of our workforce and the ability to preserve the quality of care in this state.

Issues in this Issue—Continued

Workforce issues and upcoming **challenges** are discussed by Dr. Beattie in his response to an editorial recently printed in the Grand Forks Herald. **Policy development and workforce** are also addressed by Mr. Dave Peske in his update of NDMA activities in “Physician Input Vital to Healthcare Policy Development”. You may all have already been aware that beginning October 1st all Medicaid prescriptions will need to be written on tamper proof paper, but it was new information for me.

At the recent Academy meeting Dr. Dwelle provided an interesting presentation about changing risky behaviors. I hope we will hear more from him about understanding and motivating behavior change in the future.

As always we welcome comments, corrections, requests for information, or articles for publication. Both Brandy and my e-mail addresses are listed inside the back cover of this issue.

Happy Spring -
Roger W. Schauer, MD

Message from the Outgoing President

Guy Tangedahl, MD

For most of us practicing Family Medicine in North Dakota means caring for senior citizens. For some of us, this is the most cherished part of our practice.

How physicians nationwide get reimbursed for providing this care is becoming a concern for many. With a scheduled 10.6% Medicare payment cut scheduled for July 1, MGMA polled group practice professionals – over a thousand responded. Of this group, 46% said they would have to stop accepting and/or limit the number of Medicare beneficiaries their practices treat.

AAFP President Jim King acknowledges the frustration academy members feel concerning Medicare funding uncertainties and expressed the academy's willingness to work with the administration, congress, and CMS to find solutions. In the meantime, physicians have three options – full Medicare participation, becoming non-participating Medicare physicians, or opting out entirely.

With an aging population and incredible competition for every tax dollar, expect the funding of medical care for our elderly to be an ever growing dilemma.

As outgoing NDAFP President, I refuse to end my final "Presidents Message" on that gloomy note, so I hope those that attended this year's annual meeting in Fargo April 4 and 5 had a great time. Dr. Steven Glunberg and Brandy Frei put together a great academic program.

Guy Tangedahl, M.D.

A Message from the Incoming President

Steven Glunberg, MD

At our recently completed annual meeting in Fargo on April 3rd through 5th I was installed as your new president. I want to thank the Academy for having the confidence to entrust this office to me. I look forward to a challenging year and I hope that I will be able to meet the responsibilities and your expectations of me for this position.

I think the annual meeting was successful from several aspects. At our board of directors meeting we met with representatives from Novus Consulting, which is an organization sponsored by Dakota Medical Foundation, to start a review of our strategic plan. Over the next 3 to 4 months the Board of Directors hopes to identify

our most important priorities and develop a plan to accomplish our goals for the next several years.

Dr. Ted Epperly of Boise, Idaho is President-Elect of the AAFP and was the AAFP's representative for our annual meeting. He attended our Board of Directors meeting and made recommendations for us to consider as we move forward with our strategic planning process. He also spoke at our banquet bringing us a message about the challenges medicine faces in the United States with unsustainable increases in costs and up to now only mediocre results compared to other countries as measured by quality standards. He also explained that this situation will not be corrected by training more sub-specialists but that family physicians are uniquely prepared to help meet these challenges. We can better provide cost effective medical care because of our knowledge of our patients and the relationships we have built with them.

Dr. Epperly also installed our new officers at the banquet. Dr. Richard Vetter of Fargo is the new president-elect and Dr. Jacinta Klindworth of Beulah is our vice-president. Dr. David Field of Bismarck was re-installed as our secretary/treasurer for another year. New members of the board of directors are Dr. Charles Nyhus of Harvey and Dr. Hayley Svedjan of Grand Forks.

Congratulations are in order for our 2008 Family Physician of the Year, Dr. Charles Breen of Hillsboro. Most of you know Chuck and I am sure all will agree that he is a very deserving recipient of this honor. He is our first "second generation" winner. Chuck's father, Dr. Don Breen was one of the charter members and leaders in organizing the NDAFP and was our 1987 Family Physician of the Year. Also congratulations to Dr. Tomasz Jarzembowski of the Grand Forks residency program who was named the recipient of the William Buckingham, MD Outstanding Resident Award for 2008.

The educational sessions were well attended. We heard excellent presentations from several family physicians. Dr. Eric Johnson of Grand Forks is Assistant Medical Director of Altru's Diabetes Center and discussed advances in the management of type 2 diabetes. Dr. Bill Geiger, Program Director of the St. Mary's Family Practice Residency in Milwaukee, gave us an update on child and adolescent immunizations. Dr. Daniel Padgett is a third year family practice resident in Minot who discussed their experience with implementing a quality improvement project. Dr. Charlie Christianson of the UND School of Medicine in his efforts to promote NORTH-STAR, the practice-based research network in the state, asked Dr. Robert Ferrer of the Department of Family Medicine at the University of Texas at San Antonio to

present information on his experiences with a practice-based research project. Dr. Arne Graff of Fargo recently completed a fellowship in child abuse pediatrics and provided us with information on when to suspect abuse and what to do when it is suspected. Several non-family physicians also gave excellent presentations including two who are familiar to those that regularly attend the Big Sky conference. Dr. Paul Carson, an infectious disease specialist from Fargo, provided information on MRSA as well as a presentation on infectious disease pearls. Dr. Cynthia Knutson, a neurologist from Fargo, provided her insights into the treatment of migraine headaches.

I feel the annual meeting was an excellent kick-off for what I hope will be an exciting year as your president. If any of you have questions or concerns about the NDAFP or if you have ideas on how we can better serve you, please do not hesitate to contact me.

Steven Glunberg, MD

NDAFP Annual Meeting Held

Brandy Jo Frei

The **North Dakota Academy of Family Physicians** held their 53rd Annual Meeting in Fargo, ND April 4th-5th. The following physicians were elected and installed to these offices:

President - Steven Glunberg, M.D., Fargo
President - Elect - Richard Vetter, M.D., Fargo
Vice President - Jacinta Klindworth, M.D., Beulah
Secretary/Treasurer - David Field, M.D., Bismarck
Chairman of the Board - Guy Tangedahl, M.D., Bismarck

Newly elected members of the Board of Directors for three year terms are:

Charles Nyhus, M.D., Harvey
Hayley Svedjan-Walz, M.D., Grand Forks

Also serving on the Board of Directors are:

Wade Talley, M.D., Minot
Jeff Hostetter, M.D., Bismarck
R.J. Moen, M.D., Williston
Todd Schaffer, M.D., Carrington
Jason Moe, M.D., Jamestown
Robert Wells, M.D., Jamestown
Thomas Kaspari, M.D., Beulah

In addition, the **North Dakota Academy of Family**

Physicians Foundation held their annual meeting at the same time. The following physicians were elected to serve in the following offices:

President – Rup Nagala, M.D., Oakes
Vice President – Kim Konzak-Jones, M.D., Grand Forks
Secretary/Treasurer- Greg Greek, M.D., Grand Forks

Also serving on the NDAFP Foundation Board of Directors are:

Chuck Breen, M.D.
Roger Schauer, M.D.
Tracy Martin, M.D.
Heidi Bittner, M.D.
Russell Emery, M.D.
Kim Krohn, M.D.

NDAFP Foundation Update

Kim Krohn, MD

Security is achieved in a variety of ways. For a foundation, it comes in the form of an endowment. Our membership is well on the way to providing security for the long-term future of our important NDAFP Foundation projects, such as the Breen Externship, the ALSO Course, and the William M. Buckingham, MD Resident of the Year Award.

Our members have pledged \$13,500 so far to the endowment. Our foundation board has pledged to match donations dollar-for-dollar up to \$30,000, and our NDAFP Board has pledged the same. So, for perhaps a limited time, each dollar donated will result in \$3 in the endowment fund, the interest on which will be spent on our important projects.

This year, twenty-four applicants were considered for fifteen Don Breen positions. Thank you to all preceptors and facilities who commit to teaching the Breen students at the end of their MS-1 year.

Many thanks to Rich Vetter and Tom Cariveau who are ending many years of service on the Foundation board. They have both been door openers, donors, and doers—three characteristics of wonderful board members. New board member Chuck Breen will be joining Kim Jones, Roger Schauer, Tracy Martin, Rup Nagala, Greg Greek, Heidi Bittner, Russ Emery, and myself. New officers are: President Rup Nagala, VP Kim Jones, Secretary-treasurer Greg Greek. Many thanks to them for leading this organization into a secure future.



Chuck Breen, 2008 ND Family Physician of the Year

Dr. Charles “Chuck” Breen has been chosen as North Dakota’s Family Physician of the Year by the NDAFP.

The surprise announcement was made Friday, April 4th, during a banquet in Fargo as part of the Academy’s Annual Meeting.

Breen, has been in family medicine for over 18 years. He is a third generation doctor in Hillsboro. His grandfather was a dentist, and his father, Don Breen, was a family physician for many years as well. His sister, Julie Larson, is also a family physician in Detroit Lakes, MN.

Chuck Breen’s colleagues refer to him as an outstanding teacher, mentor, and role model, having accepted numerous medical students and other health professionals in training. All have regarded him very highly.

He is a devoted husband and father. He is a community leader. Whether he is manning the clock at the local high school wrestling meets or organizing Burro days, it is safe to say that not much happens in Trail County without Dr. Breen somewhere in the middle of it.

The award is given once a year to a physician in North Dakota who shows pride in practicing family medicine. The criteria include: 1) being a member of the NDAFP and AAFP; 2) a compassionate family physician; 3) in good standing in the medical community; 4) involved in community activities, 5) dedicated to the ideals of Family Medicine; and 5) a role model for the residents, medical students, and young physicians in the state.

Dr. Breen’s name will be submitted to the American Academy of Family Physicians next year for consideration at the national level.



Tomasz Jarzembowski, MD is the Winner of the 2008 William M. Buckingham, M.D. Outstanding Resident Award

Tomasz Jarzembowski, M.D. , a third year resident at the Grand Forks Family medicine Residency, was selected as the Outstanding Resident for 2008.

Tomasz Jarzembowski, M.D. was raised in Poznan, Poland, received his undergraduate degree in History from Loyola University in Chicago, IL. He then attended Northeastern University for one year before attending Akademia Medyczna Karola Marcinkowskiego (Academy of Medical Science, Poznan, Poland).

Dr. Jarzembowski has done extensive research and numerous presentations. He was co-author to several papers associated with this research in organ transplant. He continually reads the latest literature and presents his findings to his peers and instructors in an unprecedented manner.

Dr. Jarzembowski is married.

Upon completion of his residency, Dr. Jarzembowski plans to practice in Wisconsin.

The purpose of the William Buckingham award is to encourage family medicine residents in the practice of family medicine and in the activities of the North Dakota Academy of Family Physicians. Also, to encourage better role modeling among family practice residents. Finally, to recognize positive attributes in future practicing family physicians.

The criteria for the award include:

1. He/She should be a third year family medicine resident who demonstrates an exceptional interest and commitment to family medicine.
2. This person should exemplify a balance of the qualities of a family physician.
 - A. Caring and compassionate patient care
 - B. Evidence of scholarly inquiry
 - C. Community and social awareness
 - D. Maturity in all phases of practice
 - E. Balance between personal and professional activities
 - F. Academy involvement

Selection is made by a committee from the NDAFP Foundation Board.

RESIDENCY SITES—CLASS OF 2008

3-19-08

| NAME | PROGRAM |
|---|---|
| Anderson, Christopher Mayo School of Graduate Medical Education Program -Rochester, MN | EMERGENCY MEDICINE |
| Barker, Kyle UNDSMHS -Grand Forks, ND | SURGERY – GENERAL |
| Batcheller, April William Beaumont Hospital Royal Oak, MI | OBSTETRICS/ GYNECOLOGY |
| Beals, Bryan Creighton-Nebraska Health Foundation - Omaha, NE | PSYCHIATRY |
| Bolander, Nevin Kalamazoo Center for Medical Studies/Michigan State Univ. Program – Lansing, MI | EMERGENCY MEDICINE |
| Brantl, Rylan University of Missouri – Columbia Program - Columbia, MO University of Missouri- Columbia Program – Columbia, MO | SURGERY - PRELIMINARY NEUROSURGERY |
| Brickner, Derek Lincoln Medical Education Partnership Program - Lincoln, NE | FAMILY MEDICINE |
| Cawley, John Fort Collins Family Medicine Program – Fort Collins, CO | FAMILY MEDICINE |
| Clapp, Allison UNDSMHS - Fargo, ND Mayo School of Graduate Medical Education Program - Rochester, MN | TRANSITIONAL (Year 01) RADIOLOGY- DIAGNOSTIC |
| Clauson, Ryan University of Nebraska Medical Center College of Medicine Program Omaha, NE University of Nebraska Medical Center College of Medicine Program Omaha, NE | SURGERY - PRELIMINARY UROLOGY |
| Cook-Shimanek, Margaret University of Colorado School of Medicine Children’s Hospital - Denver, CO | PEDIATRICS |
| Dahl, Brian St. Joseph Hospital Program - Chicago, IL | SURGERY - PRELIMINARY |

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| Delgado, Jamael Banner Good Samaritan Medical Center Program - Phoenix, AZ | FAMILY MEDICINE |
| Duty, Laura University of Utah Program Salt Lake City, UT | PEDIATRICS |
| Eckardt, Gerald Medical College of Wisconsin Affiliated Hospital Program Milwaukee, WI | NEUROLOGICAL SURGERY |
| Fenstad, Eric Mayo School of Graduate Medical Education Program - Rochester, MN | INTERNAL MEDICINE |
| Froelich, Joy UNDSMHS -Bismarck, ND | FAMILY MEDICINE |
| Gelderloos, Irminne UNDSMHS - Grand Forks, ND | SURGERY – GENERAL |
| Gullickson, Nicole Siouxland Medical Education Foundation Program - Sioux City, IA | FAMILY MEDICINE |
| Hatlestad, Preston University of Minnesota/St. John’s Hospital Program – St. Paul, MN | FAMILY MEDICINE |
| Hegge, Ryan Southern Illinois University Program – Springfield, IL | RADIOLOGY- DIAGNOSTIC |
| Hegge, Theresa Southern Illinois University Program – Springfield, IL | PLASTIC SURGERY |
| Hoovestol, Ryan University of Nebraska Medical Center College of Medicine Program - Omaha, NE | INTERNAL MEDICINE |
| Hope, Brian University of Minnesota Medical School - Minneapolis, MN | PEDIATRICS |
| Keene, David University of Illinois College of Medicine Program/Methodist Medical Center – Chicago, IL | FAMILY MEDICINE |
| Keup, Christine University Hospital/University of Cincinnati College of Medicine Program – Cincinnati, OH | OBSTETRICS/ GYNECOLOGY |

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|---|--|---|--|
| Knoll, Katherine University of Missouri at Kansas City Program, Children's Mercy Hospital, Kansas City, MO | PEDIATRICS | Ostlie, Jane Altru Health System - Grand Forks, ND | FAMILY MEDICINE |
| Knudson, Joshua TriHealth (Good Samaritan Hospital) Program – Cincinnati, OH | SURGERY- GENERAL | Pedersen, Chad Gunderson Lutheran Medical Foundation Program - LaCrosse, WI | INTERNAL MEDICINE |
| Knudson, Richelle UNDSMHS - Fargo, ND Mayo School of Graduate Medical Education Program – Rochester, MN | TRANSITIONAL (Year 01) DERMATOLOGY | Peters, Shannon UNDSMHS - Fargo, ND Mayo School of Graduate Medical Education Program – Rochester, MN | TRANSITIONAL (Year 01) ANESTHESIOLOGY |
| Knutson Bueling, Robyn University of Minnesota/Methodist Hospital Program - St. Louis Park, MN | FAMILY MEDICINE | Price, Tyler University of Nebraska School of Medicine Program – Omaha, NE | EMERGENCY MEDICINE |
| Kvamme, Corrine Synergy Medical Education Alliance /Michigan State University Program – Saginaw, MI | EMERGENCY MEDICINE | Ranum, Joshua Altru Health System - Grand Forks, ND | FAMILY MEDICINE |
| Lindgren, Christopher University of Nebraska Medical Center Program – Omaha, NE | EMERGENCY MEDICINE | Reisenauer, Justin Kalamazoo Center for Medical Studies/Michigan State University Program – Kalamazoo, MI | EMERGENCY MEDICINE |
| Longfors, Nancy Eastern Virginia Medical School Program – Norfolk, VA | SURGERY- GENERAL | Roers, Stacy Altru Health System - Grand Forks, ND | FAMILY MEDICINE |
| Longhurst, Claire Phoenix Children's Hospital/ Maricopa Medical Center Program Phoenix, AZ | PEDIATRICS | Samaraweera, Ravinda University Hospital/University of Cincinnati College of Medicine Program - Cincinnati, OH | NEUROLOGY |
| Magura, Lindsay Duke University Hospital Program Durham, NC | INTERNAL MEDICINE | Scherber, Holly Mayo School of Graduate Medical Education (Arizona) Program – Scottsdale, AZ | INTERNAL MEDICINE |
| McCann, Michelle Grand Rapids Medical Education and Research Center/Michigan State University Program - Grand Rapids, MI | OBSTETRICS/ GYNECOLOGY | Shaffer, Andrew William Beaumont Hospital Program - Royal Oak, MI | SURGERY- PRELIMINARY (Year 01) |
| Miller, Jessica UNDSMHS - Bismarck, ND | FAMILY MEDICINE | Splichal, Katherine Case Western Reserve University/ University Hospitals of Cleveland Program – Cleveland, OH | PEDIATRICS |
| Narloch, Jennifer University of Nebraska Medical Center College of Medicine Program Omaha, NE | INTERNAL MEDICINE | St. Germain, Chad Hennepin County Medical Center Minneapolis, MN Creighton University Program Omaha, NE | TRANSITIONAL (Year 01) RADIOLOGY – DIAGNOSTIC |
| Nybakken, Mary UNDSMHS-Bismarck, ND | FAMILY MEDICINE | Steinle, Jill University of Wisconsin Hospital and Clinics Program - Madison, WI | OBSTETRICS/ GYNECOLOGY |
| Nguyen, Ethan | | Stoy, Sean University of Colorado Program Denver, CO | SURGERY/ PRELIMINARY |

Voigt, Matthew ANESTHESIOLOGY
Medical College of Wisconsin
Affiliated Hospitals Program
- Milwaukee, WI

Wagner, Todd FAMILY MEDICINE
Case Western Reserve University/
University Hospitals of Cleveland
Program – Cleveland, OH

Welsh, Megan FAMILY MEDICINE
UNDSMHS - Bismarck, ND

Wiest, Eric EMERGENCY MEDICINE
Grand Rapids Medical Education
and Research Center/Michigan
State University Program
- Grand Rapids, MI

Wilson, Winter FAMILY MEDICINE
Altru Health System - Grand Forks, ND

Zimny, Matthew EMERGENCY MEDICINE
William Beaumont Hospital
Program - Royal Oak, MI

GRADUATES:

Klemin, Jill FAMILY MEDICINE
University of Wisconsin School of
Medicine and Public Health
Program – Madison, WI

Kummet, Gary PEDIATRICS
University of Iowa Hospitals and
Clinics Program – Iowa City, IA

Martinez, Alicia PATHOLOGY
Mount Sinai School of Medicine
Program – New York, NY

McCoy, Andrew SURGERY –
UNDSMHS - Grand Forks, ND GENERAL

Physician Input Vital to Healthcare Policy Development

David Peske, NDMA Director of Governmental Relations

In just a few short months, North Dakotans will turn out at their local polling sites to elect state and national officials, and in January the 2009 ND Legislative Assembly will convene in Bismarck to again address the weighty issues facing our state. These are sure to include the “budget surplus” and spending priorities, tax policy (perhaps influenced by one or more initiated measures currently being circulated), education, energy, and water concerns, and as usual, numerous issues related to the practice of medicine and access to healthcare. It will be important for policy makers to hear the voice of physicians on all health-related proposals.

Medical Agenda Development. The NDMA Commission on Legislation, chaired by Mandan family physician Dale Klein, MD, has already begun meeting to review pending proposals and develop the Association’s 2009 legislative advocacy agenda. General topics under review include medical liability reform, patient care and practice issues, Medicaid, physician workforce, and medical school operations. Commission recommendations developed over the coming months will be considered by the House of Delegates during the NDMA Annual Meeting in Grand Forks this September. Physicians are encouraged to bring any legislative or statutory issues of concern to Commission members or staff for consideration as soon as possible. It’s as easy as calling the NDMA office at 701-223-9475 to discuss specifics.

In the meantime, the interim Legislative Council committees continue to work on their assigned studies, which include healthcare-related issues such as the administration and budget for the Medicaid system, the state’s emergency medical services system, the capacity of the long term care system, the state’s workforce shortage, the performance audit of the UND School of Medicine & Health Sciences, and management of the Workforce Safety & Insurance agency. NDMA continues to be closely involved in these and other issues in preparation for the 2009 legislative session.

Medicaid. The 2007 Legislative Assembly adopted legislation suggested by NDMA and others directing the formal study of Medicaid provider payment levels. Consultants have been engaged and are beginning to review the cost of services provided by physicians, hospitals, dentists, and ambulance services. The study re-

sults should provide a foundation to discuss the rebasing of reimbursement levels, and will be available the end of May for consideration in preparing the Medicaid budget proposal for the next biennium. The federal share of the state Medicaid budget (FMAP) continues to decline due to the improving economic status in North Dakota, so more state general fund resources will be needed just to maintain the current program benefits.

By now, readers should have taken steps to make sure that any written prescriptions provided to Medicaid recipients will be compliant with federal requirements that tamper-resistant paper is used. Prescriptions which are phoned, faxed, or e-mailed directly to a pharmacy are exempt from the mandate. Beginning on April 1, prescription pads must contain one of three industry-recognized features designed to prevent: 1) unauthorized copying of a completed or blank form; 2) the erasure or modification of written information on the pad; or 3: the use of counterfeit forms. All three features must be met for prescriptions written on and after October 1, 2008. Although the ND Medicaid program is not issuing specific rules for compliance, pharmacy industry guidance calls for forms to be printed on safety paper with a uniform background color and a VOID pantograph, with indications including sequential numbering, quantity check-off boxes, number of refills, a statement that the prescription is void if the number of drugs prescribed is not noted, and a notation describing all the security features of the pad.

Physician Workforce. The NDMA Commission on Medical Education, chaired by Grand Forks family physician Roger Schauer, MD, has directed preparation of a study to address the status of the physician workforce in North Dakota. The study will compile data on current and future physician supply and demand, the educational pipeline for the training of physicians, and issues impacting the physician practice environment, including reimbursement, recruitment and retention. Additional input will be gathered through surveys. Study results and recommendations will be useful in developing NDMA advocacy policies, and as NDMA participates in ongoing deliberations of the interim Workforce Committee and ND Department of Commerce to prepare legislative proposals to help alleviate the shortage of workers in numerous fields, including healthcare.

Workforce Safety & Insurance. NDMA, along with the ND Medical Group Management Association, actively provided input on the WSI conversion to an RBRVS-based reimbursement system, which took effect on January 1. Reimbursement levels under the new

system have been improved for most treatment categories, but are still not on par with commercial rates. NDMA also presented testimony to the Interim Industry, Business and Labor Committee on key issues impacting the care of injured ND workers under the WSI system, reminding them of their responsibility to assure continued participation of providers and access to care for the injured worker, and that it will be vital to involve physicians as changes to improve the WSI system are developed. A survey of physician members in February provided both positive and negative comments, which were included in the testimony to legislators.

NDMA Annual Meeting. The 2008 NDMA Annual Meeting has been scheduled for September 18-19 at the Alerus Center in Grand Forks. Delegates from the District Medical Societies and state specialty societies will set policy for the Association, including the advocacy agenda for the 2009 legislative session. NDMA will also recognize award recipients during the meeting. To nominate a physician for the *NDMA Physician Community and Professional Services Award*, or a non-physician for the *NDMA Friend of Medicine Award*, please contact the NDMA office. Nominations are due by June 2.

Send e-mail to Mr. Peske at: dpeske@ndmed.com.



**AAA Membership –
Special discounts for North
Dakota Academy of Family
Physicians members -**

Through an exclusive partnership with AAA, North Dakota Academy of Family Physicians members residing in North Dakota can now take advantage of a 15% special savings on AAA membership dues. The AAA membership serves as a passport to dozens of helpful benefits, services and discounts including roadside assistance, travel, auto touring, insurance and more. The value of the numerous benefits of AAA membership is tremendous. For over a century, AAA has been a trusted, nationally recognized organization with a reputation among the motoring public for integrity and quality service. To find out more about extending this exclusive benefit to members, contact AAA @ (800) 342-4254 for a branch closest to you. (effective 5/1/08)

This article reprinted by permission from the *The Teaching Physician* April 2008, Volume 7, Issue 2

**Information Technology and Teaching in the Office
*Practicing and Teaching Medicine With a PDA in 2008***

By Richard Usatine MD, University of Texas Health Science Center at San Antonio

PDA's (personal digital assistants) are still useful in the practice and teaching of medicine. Even with the proliferation of electronic medical records, the clinical decision support has not grown sufficiently to cut down on the demand for the PDA in medicine. Epocrates, a medication database program, is still one of the most widely used applications for doctors, residents, and medical students. Epocrates has been available for both the Palm and the Pocket PC operating system (OS) for years.

The PDA market has changed as the popularity of the smart phone has increased. Dell has gotten out of the PDA market and has stopped producing the Dell Axim. The only remaining stand-alone Pocket PC without a phone is the HP iPAQ. The only remaining stand-alone Palm systems are the Tungsten E2 and the TX handheld.

The Treo is a smart phone that is available with either the Palm and Pocket PC (Windows Mobile) OS. These two popular PDA's run virtually all medical software, including the full version of Epocrates Essentials (includes multiple other medical databases that interface with the drug database). Other smart phones include HP iPAQ smart phone, the Sprint Centro with Palm OS and the T-Mobile Dash. The iPhone has the most amazing Internet browser available on a smart phone, and its popularity is growing among physicians. The smart phones continue to proliferate faster than I can write this article.

In the last year, the free version of Epocrates became available for the newer Blackberry PDA's. While this does not include all the databases for diagnosis and infectious diseases available in the Essentials version, it does include most of the drug database minus the alternative medicine products. When the iPhone was released, there was great demand from physicians to have an Epocrates version that would work on that PDA. Epocrates just responded by making a public announcement that it is working with Apple developers to create a version of Epocrates software installed directly on the iPhone (not requiring Internet access). Epocrates has already released a special site that is formatted directly

for the iPhone browser and works well as long as the phone has Internet access.

PDA's are still a great way to carry important medical information with you wherever you go. There are thousands of medical applications that are free and available for purchase. A useful popular program produced by an STFM group is the Shots program, which is updated yearly. Take a look at MedMeister.com, developed by an STFM member, to find many free programs that work with iSilo (a special document reader). Included are two programs that I helped develop for family physicians—DermMeister and the Family Medicine Maternity Guide. There are many evidence-based medicine programs that are available for purchase developed by STFM members such as DynaMed and InfoRetriever (now known as Essential Evidence Plus). These and many more medical programs are great to use when teaching medical students and residents. Find out what software your students are using and ask them to look up answers to clinical questions on their PDA's. It gives them a sense of contributing to the patient care and can help you get answers to questions quickly.

Whether you choose to combine your PDA with your phone or carry a stand-alone PDA, information that you carry will help you practice and teach medicine. David Eddy said "The complexity of modern medicine exceeds the inherent limitations of an unaided human mind." Don't hesitate to aid your mind with the PDA. It is still the best way to add gigabytes to your own internal hard drive memory and extend your human mind.
Richard Usatine, MD, University of Texas Health Science Center at San Antonio, Editor
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